

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED **APPLIED FOR
AMENDMENT** **APPLIED FOR
AMENDMENT**

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS